



Chaitanya Multispeciality Hospital

Accidental & Industrial Trauma Center

Dr. Mukesh Phalak

MBBS, MS (Ortho) DNB AFIH
Regd No : 2006/11/3349

Form XXVIII

Dr. Anuja Phalak

MBBS, MD (Med)

CERTIFICATE OF MEDICAL EXAMINATION

Ref No :

1. Certificate Serial No. 01

Date :

Date: 17/09/21

2. Name: Mr. Swapnil Kunghadekar.

Identification Mark a) No

3. Fathers/Husband's Name: -

4. Sex: Male.

5. Residence Mahalunge.

6. Date of Birth, if available

18/08/1990 or certificate of Age 31 yrs.

7. Physical Fitness

Fit

I hereby certify that I have personally examined(Name) Swapnil Kunghadekar.
Son/Daughter Wife of _____

Residing of _____

Who is desirous of being employed in a engineering work and his/her age as nearly as can be ascertained from examination is 31 years and that he/she is fit for employment in _____ as on adult/adolescent.

8. Reason for-

1) Refusal of certificate -

2) Certificate being revoked -

a) Full medical and occupational history No any major medical history.

General physique

Good.

Blood Group _____

General Examination

Physical Examination

Height 5.5 cms

Weight 62 Kgs

Vision(Ophthalmic test Rt. 6/6 (N) Lt. 6/6 (N)

Chest _____ Normal 71 cms

Isnp. 74 cms

Pulse 83 /Min

B.P. 120/80 mm of Hg

Hearing (ENT) (A)

Systematic Examination

RS clear CVS S, S₂ (N) CNS NAD.

P/A soft Urine (N) Bowel (N)

b) Any other tests which the examining doctor consider necessary _____

Remark:- This is to certify that Swapnil Age: 31 Years has been examined by me and found physically fit mentally sound to attend his duty (As per our knowledge and till date situation)

Signature/Left Hand Thumb



AR Patil
Medical officer
Dr. ANUJA PATIL
MBBS, M.D. MED
Reg.No. 2013/04/0786